

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/647575

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3				
5		①				
6		1				
7	1					
8		1				
9		2				
10		①				
11				1		
12				1		
13				1		
14				1		
15				1		
16			1			
17				1		
18				1		
19				1		
20				①		
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50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	11	←		←
TOTAL CLAIMS			13			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS